42 G

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/ 590593

| | | | 10/ 590595 | | | | 9 | | | | | |
|---|--|--|--------------------------------------|-----------------------------------|--------------------------|---------------------------------|---------------|---------------------|------------------------|----|----------------------------|------------------------|
| | | CLAIMS A | AS FILED | | (Column 2) | | SMALL ENT | | TITY | OR | OTHER 1 | |
| U.S. | NATIONAL S | STAGE FEES | | | | | R | RATE FE | | | RATE | FEE |
| BAS | IC FEE | | | | | | BASIC FEE | | † | OR | BASIC FEE | 300 |
| EXA | MINATION FE | E | | | | | EXAM | EXAM. FEE | | | EXAM. FEE | 200 |
| SEARCH FEE | | | | | | | SEAR | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = | | X \$ 125 = | | | X \$ 250 = | 100 |
| тот | AL CHARGEAE | BLE CLAIMS | 20 n | ninus 20 = | * | | X | X \$ 25 = | | OR | X \$ 50 = | |
| INDE | PENDENT CL | AIMS | 2 | minus 3 = | * | | X \$ | X \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENT CLAIM PR | ESENT | • | | | | 180 = | | OR | + \$ 360 = | |
| * If | the difference | in column 1 is | less than ze | ro, enter "0 | " in co | n column 2 | | OTAL | | OR | TOTAL | 900 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMALL ENTITY | | | OR | OTHER THAN OR SMALL ENTITY | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHI NUME PREVIO PAID I | BER BUSLY | PRESENT EXTRA | R | RATE T | | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | X | 3 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | X \$ | 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ | 180 = | | OR | + \$ 360 = | |
| | | | | | | | | L ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Colun | ∩n 2) | (Column 3) | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHI NUME PREVIO PAID I | EST BER OUSLY | PRESENT EXTRA | R | ATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | X S | S 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | - | X \$ | 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ | 180 = | | OR | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| * ** ** | If the "Highest Nu If the "Highest Nu | umn 1 is less than th umber Previously Pa umber Previously Pa mber Previously Pai | iid For" IN THIS iid For" IN THIS | SPACE is less | s than '20 s than '3' |)', enter "20". , enter "3". | d in the appr | opriate bo | ox in column | 1. | | |